

APPENDIX B

GRIEVANCE FORM

Name: _____ Organization/Work Unit: _____

Home Address: _____

_____ Office Phone: _____

Grievance: _____

Relief Sought: _____

Provision of Contract/Regulation Alleged Violated: _____

Name of Immediate Supervisor: _____ Office Phone: _____

Date Grievance Informally Presented: _____

SIGNATURE
(Grievant/Representative)

TO BE COMPLETED BY STEP 2 SUPERVISOR

Name of Step 2 Supervisor: _____

Date Received: _____

Reply:

Signature: _____ Date: _____

I wish to advance this grievance to step 3 of the Grievance Procedure.

SIGNATURE
(Grievant or Representative)

DATE

TO BE COMPLETED BY STEP 3 OFFICIAL

DATE RECEIVED BY CPAC _____

Reply:

NAME: _____ TITLE: _____

SIGNATURE

DATE